

PTO/SB/81 (11-04)  
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<b>POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM</b>	Application Number	10/673,301
	Filing Date	09/29/2003
	First Named Inventor	Frank Leyshon
	Title	TABLET CRUSHER
	Art Unit	3725
	Examiner Name	
	Attorney Docket Number	383130-12

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

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Name	Registration Number

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☐ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98)

**SIGNATURE of Applicant or Assignee of Record**

Signature	<i>Frank Leyshon</i>	Date	12/30/04
Name	Frank Leyshon	Telephone	740-432-2169
Title and Company	VP of Engineering, Leyshon Miller Industries, Inc.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of 2 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 36 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1480, Alexandria, VA 22313-1480. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1468, Alexandria, VA 22313-1468.

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<b>POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM</b>	Application Number	10679,394
	Filing Date	08/08/2004
	First Named Inventor	Frank Laybom
	Title	TABLET CRUSHER
	Art Unit	3725
	Examiner Name	DAVID H. H.

I hereby revoke all previous powers of attorney given in the above-identified application.

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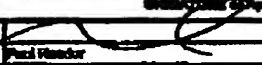
I am the:

☐ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 2.21.

Statement under 37 CFR 3.73(c) is enclosed. (Form PTO-6539)

SIGNATURE OF APPLICANT OR ASSIGNOR OF RECORD

Signature		Date	12/17/04
Name	Paul Hender	Telephone	614 990 9100
Title and Company	PRESIDENT, DESIGN AMIS, INC.		

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Client/Matter No. 353130-12 Serial No. 10673301 Filing Date: 09/29/03  
Applicant: Keyshon Client: Healthcare Logistics  
Title: TABLET CRUSHER

THE MAIL ROOM STAMP BELOW ACKNOWLEDGES RECEIPT OF THE FOLLOWING DOCUMENTS ON  
THE DATE INDICATED ON THE MAIL ROOM STAMP.

<input type="checkbox"/> App'n for Patent with: ____ pgs. of application ____ pgs. drawings Informal/Formal	<input type="checkbox"/> Maintenance Fee Trans. <input type="checkbox"/> Fee Address Indication
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